

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/16/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION POC #1	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445256	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - FRONT BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/13/2017
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NAME OF PROVIDER OR SUPPLIER

HARTSVILLE CONVALESCENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

649 MCMURRY BLVD
HARTSVILLE, TN 37074

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE
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K 000 INITIAL COMMENTS

A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 11/13/2017. During this Life Safety Survey, Hartsville Convalescent Center was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2012.

The requirement at 42 (CFR), Subpart 483.70(a) is NOT MET as evidenced by:

K 232 NFPA 101 Aisle, Corridor, or Ramp Width
SS=D

Aisle, Corridor or Ramp Width
2012 EXISTING

The width of aisles or corridors (clear or unobstructed) serving as exit access shall be at least 4 feet and maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4, exceptions 1-5.

19.2.3.4, 19.2.3.5

This STANDARD is not met as evidenced by:
Based on observations, the facility failed to maintain the means of egress.

The findings included:

Observation on 11/13/2017 at 8:48 AM, revealed a swinging chair mounted on the front exit porch obstructing the means of egress. NPFA 101, 19.2.3.4 (2012 Edition)

Maintenance staff and/or the administrator was

K 000

K 232

K232

The width of aisles or corridors (clear or unobstructed) serving as exit access shall be at least 4 feet & maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4, exceptions 1-5

1. The swing on the front porch has been Removed

2. Residents have been made aware of the need to remove the swing

3. Staff have been made aware of the need to remove the swing from the front porch

4. The NHA will monitor the placement of furniture on the front porch to ensure egress is not prohibitive when removing a resident on a stretcher. The results will be reviewed by the QAPI/QA committee for 1 quarter.

12-31-17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Deborah Gausly *Administrator* 12-6-17

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER HARTSVILLE CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074		
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K 232	Continued From page 1 present when these deficiencies were identified and they were later acknowledged by the administrator during the exit conference on 11/13/2017.	K 232			

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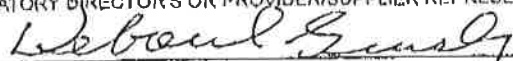
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K 324 5S=D	<p>NFPA 101 Cooking Facilities</p> <p>Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <ul style="list-style-type: none"> * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This STANDARD is not met as evidenced by: Based on document review, the facility failed to protect the cooking facilities.</p> <p>The findings included:</p> <p>1. Document review on 11/13/2017 at 10:09 AM, revealed the Select Security fire alarm inspection report dated 10/06/2017 showed the hood suppression system was not interconnected with the fire alarm. NFPA 101, 19.3.2.5.1 (2012 Edition) NFPA 96, 10.6.2 (2011 Edition)</p>	K 324	<p>K 324</p> <p>Residential cooking equipment are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or cooking facilities in smoke compartments with 30 or fewer patient comply with conditions under 18.3.2.5.4, 19.3.2.5.4.</p> <ol style="list-style-type: none"> 1. The hood suppression system will interconnect with the fire alarm system 2. The semi annual kitchen hood cleaning will be added to the maintenance check list to ensure the semi annual required cleaning is conducted 3. The NHA and dietary manager will add the semi annual cleaning requirement to their check list 4. The hood cleaning time frame will be reviewed by the QAPI/QA committee to ensure its completion 	12-31-17	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



NHA

12-6-17

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 324	Continued From page 1 2. Document review on 11/13/2017 at 10:11 AM, revealed the facility failed to provide document of the semi-annual kitchen hood cleaning documentation from 2017 and 2016. NFPA 101, 19.3.2.5.3 (2012 Edition) NFPA 96, 11.4 (2011 Edition) Maintenance staff and/or the administrator was present when these deficiencies were identified and they were later acknowledged by the administrator during the exit conference on 11/13/2017.	K 324			
K 345 SS=D	NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on document review, the facility failed to maintain the fire alarm. The findings included: Document on 11/13/2017 at 10:08 AM, revealed the facility failed to provide documentation that all smoke detectors had been sensitivity tested	K 345	K 345 Fire alarm system-testing & maintenance a fire alarm system is tested & maintained in accordance with an approved program complying with the requirements of NFPA70, National Electric Code, & NFPA72, National Fire Alarm & Signaling Code. Records of system acceptance, maintenance & testing Are readily available 1. Although the document was not at the facility, the sensitivity test had been conducted and was emailed to the surveyor the next day 2. The sensitivity test will be added to the check off list in the maintenance dept to ensure all needed documents are provided after the testing of the system 3. The maintenance director will provide the weekly QAPI meeting with the check list indicating when the testing of the system is to be done 4. The NHA will review the documents during the monthly/quarterly QA/QAPI meeting		12-31-17

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K 345	Continued From page 2 every other year. NFPA 101, 19.3.2.5.3(11) (2012 Edition) NFPA 72, 14.4.5.3.2 (2010 Edition) Maintenance staff and/or the administrator was present when these deficiencies were identified and they were later acknowledged by the administrator during the exit conference on 11/13/2017.	K 345			
K 351 SS=D	NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This STANDARD is not met as evidenced by: Based on observation, the facility failed to install the required sprinklers. The findings included: Observation on 11/13/2017 at 9:45 AM, revealed no sprinkler in the medication cart alcove by the upstairs nurse's station. NFPA 101, 19.3.5.1	K 351	K 351 1.Nursing homes, & hospitals where required by Construction type, are protected throughout By an approved automatic sprinkler system In accordance with NFPA 13, Standard for the Installation of Sprinkler systems. In type I & II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patients sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13. Standard for installation of sprinkler systems 2.A sprinkler will be added to the medication cart area by the upstairs nurses station. 3.The additional sprinkler will be added to the facility sprinkler system to be inspected/tested per requirements 4.The additional sprinkler will be added to the weekly QAPI meeting agenda to be reviewed after completion	12-31-17	

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K 351	Continued From page 3 (2012 Edition) NFPA 101, 9.7.1.1 (2012 Edition) NFPA 13, 8.1.1 (2010 Edition) Maintenance staff and/or the administrator was present when these deficiencies were identified and they were later acknowledged by the administrator during the exit conference on 11/13/2017.	K 351			
K 363 SS=D	NFPA 101 Corridor - Doors Corridor - Doors 2012 EXISTING Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or	K 363	Corridor - Doors 2012 EXISTING Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or		

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K 363	Continued From page 4 frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the corridor doors. The findings included: Observation on 11/13/2017 at 11:05 AM, revealed the door to the activity director's office did not resist the passage of smoke (gap larger than 1/2 inch at the top of the door). NFPA 101, 19.3.6.3 (2012 Edition) Maintenance staff and/or the administrator was present when these deficiencies were identified and they were later acknowledged by the administrator during the exit conference on 11/13/2017.	K 363	K 363 2. The activity office door will be repaired to resist the passage of smoke 3. The repaired door will be reviewed by the QAPI during their weekly meeting 4/The repaired door will be added to the Quarterly QA/QAPI agenda to be review	12-31-17	
K 918 SS=D	NFPA 101 Electrical Systems - Essential Electric System Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised	K 918	Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised		

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K 918	<p>Continued From page 5</p> <p>under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This STANDARD is not met as evidenced by: Based on records review, the facility failed to maintain the generator.</p> <p>The findings included:</p> <p>During the records review on 11/13/2017 at 10:20 AM, the facility failed to provide documentation of an annual load bank test conducted during 2016. National Fire Protection Association (NFPA) 101, 19.5.1 (2010 Ed.) NFPA 101, 9.1 (2010 Edition) NFPA 101, 9.1.3.1 (2010 Edition) NFPA 110, 8.4.2.3 (2010 Edition)</p> <p>Maintenance staff was present when the deficiency was identified and the administrator acknowledged the deficiency during the exit conference on 11/13/2017.</p>	K 918	<p>K 918</p> <p>2. A load bank test will be conducted during 2016 to meet the requirements</p> <p>3. A load bank test will be added to the maintenance Directors checklist responsibility to ensure required test are conducted as required</p> <p>4. The test will be reviewed during the quarterly QA/QAPI meeting for 1 quarter</p>		12-31-17

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